Foster Family Home - Corrective Action Report

Provider ID:

1-090125

Home Name:

Jessie Villanueva, CNA

Review ID:

1-090125-10

94-1591 Waipahu Street

Reviewer:

Angelica Galindo

Waipahu

HI 96797 Begin Date:

12/28/2018

Foster Family Home

Required Certificate

[17-1454-6]

6.(d)(1)

Comply with all applicable requirements in this chapter; and

Comment:

Home visit for a 3 person CCFFH recertification review made on 12/28/18. Corrective Action Report issued during home visit with all items due to CTA by 1/28/2019 6.(d)(1) - see applicable sections of the review

Foster Family Home

Background Checks

[17-1454-7.1]

7.1.(a)(1)

Be subject to criminal history record checks in accordance with section 846-2.7, HRS;

7.1.(a)(2)

Be subject to adult protective service perpetrator checks if the individual has direct contact with a client; and

Comment:

7.1.(a)(1) & 7.1.(a)(2) - APS/CAN lapsed for CG#3: was due on/before 12/27/18, last done 12/27/16. Ecrim lapsed for CG#5: was due on/before 3/23/2018, last done 3/23/2016.

Foster Family Home

Personnel and Staffing

[17-1454-41]

41.(b)(8)

Have documentation of current training in blood borne pathogen and infection control, cardiopulmonary resuscitation, and basic first aid.

Comment:

41.(b)(8) - No record of blood borne pathogen in home folder for CG#2.

12/29/2018 3:49 AM

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Community Care Foster Family Home (CCFFH) Written Plan of Correction for Deficiencies Listed in Corrective Action Report Chapter 17-1454

CCFFH Name: UESSIE VILLANUEVA
CCFFH Address: QA-1501 WAI PAHO ST. WAI PAHO HI 96797

Rule Number	Corrective Action Taken	Date Corrected	Prevention Strategy
7.1.60(1) CG#5	WEBSITE . NOTED EXPIRAT- 10 N DATE ON MY SOFT GALLYY TO REMIND ME WEEKS BEFORE EXPI-	1/3/19	ENTERED EXPIRATION DATE ON MY MEMO ON MY ANDROID PHOME TO ALARM ME 2 WKS BEFORE EXPIRATION DATE.
7.1(a)(z) Cq#3	FURNISHED AN UPDATED APS/CAN TR WEBSITE. NOTED EXPIRATION DATE ON MY ANDIZUTO MEMO APPRICATION. TO REMIND ME 2 WKS BEFORE EXP.	1/8/19	DAGE. WHONE WEND TO BE- WHOME ON MY EMDISOND BELONE EXPLICATION
41.(b)(s) CC#2	OBTAINED AN UPDATED BLOWD BOURNE PLYNGEN AND INTECTION CONTRUL. CYIL +BASIC FIRT AIDE. ADDED TO HOME FOLDER.	1-5-19	ENTERED EXPIRATION DATE ON MY ANDROID PHONEM ON MY EXPORT FRINKELION ONTE

Primary Caregiver's Signature:

Print Name: JESE VILLANUEVA